

SHORT REPORT

EBSQ-VASC Examinations – Which Way to the Future?

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Introduction

The European Board of Surgery Qualifications in Vascular Surgery (EBSQ-VASC) examinations were held for the first time in Venice in 1996 and took place for the fifth consecutive year on 20 September 2000, in London at the Royal College of Surgeons of England.

Out of 47 initial candidates who applied to sit the above examinations, 18 successfully completed the Part I requirements (CCST certification, logbook information) and were admitted to the Part II *viva voce* assessments.¹ This part consisted of a discussion over three (randomly selected out of 24 prepared) clinical cases, divided into groups of carotid, aneurysms and miscellaneous. This was followed by a discussion of a scientific paper (where the names of the authors were blinded), and finally an overall assessment of the candidate's logbook and performance. Of the 18 candidates, 12 successfully completed the examination (66% passed) (Table 1).

There are several questions regarding the failure rate and the way this examination should be conducted in the future. Regarding the clinical cases, it was felt by the assessors that the clinical part should weigh more and no candidates with a mark below 66% should be considered successful. With regard to the scientific paper, the first three examinations contain questions relating to the application of non-parametrical statistical methodology. This has proven to be rather demanding for non-academic surgeons and has led to

the introduction in 1999 (Copenhagen) of the reading and discussion of a scientific article. The 100% success rate of last year's examination suggests that this type of examination has low discriminatory power. The combination of discussing the article together with basic well-structured questions regarding the evaluation of a scientific publication was felt by the assessors to give a more balanced indication of the candidate's level in using scientific reasoning. Finally, regarding the logbook, verification of its contents by two trainers was felt sufficient to ensure the validity of the information.

In contemplating the future of the examination, we have to consider the following. What is the role of this type of endeavour? Originally, it was felt that the EBSQ-VASC diploma would serve as a tool towards the harmonisation of training across Europe, and as proof of recognition of completion of high quality training in vascular surgery. As such, it would facilitate the free movement of surgeons between EU countries. Since the UEMS has, besides the EU full member

Table 1. September 2000 examinations – successful candidates.

Name/Nationality
Andrew McKinley, Great Britain
Luis A. Mendes Pedro, Portugal
Paolo Claudio Cassina, Switzerland
Thomas Eugster, Switzerland
Margaritis Marios Daskalopoulos, Greece
Konrad Anton Binder, Austria
M ^a Pilar Vela Orus, Spain
Hassan Hakki, Switzerland
Wolfgang Johannes Hofmann, Austria
Caren Randon, France
Juerg Knaus, Switzerland
Christoph Koella, Switzerland

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countries and UEMS associated ones, a proposal to allow physicians of UEMS associated member countries to participate in the examination, obtaining a certificate of recognition is under discussion by the European Board of Vascular Surgery for successful candidates in this category.

How should the examination be structured? One proposal was to follow the example of the European Board of Surgery with an Objective Structure Clinical examination (OSCE). However it was felt by the core of assessors that OSCE remains largely subjective and somewhat controversial. By contrast, it was felt that the type of examination provided over the last 5 years by the European Board of Vascular Surgery, with the addition of quality control over the candidate's experience, (30-day outcome of indicator procedures,

Kaplan–Meier patency curves signed by the trainers) would enable the assessors to have a more complete assessment of the candidate's ability. The implementation of the European Vascular Registry results and the CME Committee accredited activities will certainly be instrumental in shaping the future mode of training for the European Vascular Surgeon.

References

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